

**EXHIBIT A-2**  
**Statement of Work Template – FOR INFORMATION PURPOSES ONLY**

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS**  
**BETWEEN**  
**Mississippi Department of Human Services**  
**AND**  
**GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

January 26, 2018

John Davis  
Mississippi Department of Human Services  
750 North State Street  
Jackson, MS 39202

Authorization for work performed pursuant to this Statement of Work (“SOW”) is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

- **Knowledge Services Posting Number:** 49872
- **IT Contingent Worker Name:** Cameron Foster
- **Position Title:** Sr. Project Manager
- **Regular Hourly Bill Rate:** \$ 99.25
- **OT Hourly Bill Rate** *(if applicable):* \$ 99.25
- **Knowledge Services Not to Exceed Rate:** \$ 228,275.00 yearly
- **Number of Hours to be worked:** 6900 hours (2300 yearly)
- **Total Cost of SOW:** \$ 684,825.00 (for 3 year term)
- **Start Date of Service:** 2/12/2018
- **End Date of Service:** 02/12/2021
- **Work Location:** 750 North State Street Jackson, MS 39202

**Name of Vendor providing IT Contingent Worker:** Chandra Technologies

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

**Mississippi Department of Human Services**

DocuSigned by:  
*Jacob Black for John Davis*  
Authorized Signature

Jacob Black for John Davis  
Printed Name

Deputy Executive  
Title

1/31/2018  
Date

**GuideSoft Inc., d/b/a Knowledge Services**

*Doreen DeLancy*  
Authorized Signature

Doreen DeLancy  
Printed Name

Program Manager  
Title

January 26, 2018  
Date